

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

70th - 4/22/16
45th 5/28/16

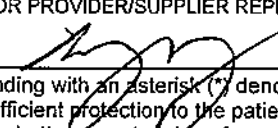
PRINTED: 04/14/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445392	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/12/2016
NAME OF PROVIDER OR SUPPLIER ADAMSPLACE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1927 MEMORIAL BOULEVARD MURFREESBORO, TN 37129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 022 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to mark the exits.</p> <p>The findings included:</p> <p>1. Observations on 04/12/2016 at 08:34 AM, revealed the court yard door by room 1026, by the rehab cross corridor door, the dining room courtyard door were not marked " Not an Exit ". National Fire Protection Association (NFPA) 101, 7.10.8.1 (2000 Edition)</p> <p>2. Observations on 04/12/2016 at 08:48 AM, revealed the 4 delayed egress doors in the rehab corridor did not have the 15 second delayed egress signage posted on the door. NFPA 101, 7.2.1.6.1 (2000 Edition)</p> <p>These findings were verified by maintenance and acknowledged by the administrator during the exit conference on 04/12/2016</p>	K 022	<p>K 022</p> <p>It is the policy and procedure AdamsPlace that complies with the applicable building and fire safety regulations. The Director of Plant Operations will add the recommended "NO EXIT" signage to the doors by the interior courtyard and the "Delayed Egress" signage on the 4 exit doors on the rehab unit. The Director of Plant Operations will monitor for compliance.</p>	5/27/16	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 038			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

 Administrator 5-7-16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 038	Continued From page 1 Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain accessible exits. The finding included: 1. Observations on 04/12/2016 at 08:34 AM, revealed the cross corridor door leading into rehab and the service hall door leading to Healthcare had an unapproved access control device locking the door. (door unlocks by pressing a red button) NFPA 101, 7.2.1.6.2 (2000 Edition) 2. Observations on 04/12/2016 at 10:16 AM, revealed an 80 foot dead-end corridor leading from rehab to the Healthcare dining room. NFPA 101, 18.2.5.10 (2000 Edition) These findings were verified by maintenance and acknowledged by the administrator during the exit conference on 04/12/2016	K 038	K 038 It is the policy and procedure AdamsPlace that complies with the applicable building and fire safety regulations. The Director of Plant Operations will upgrade the door in question to allow egress access without requiring pressing a red button in order to meet standards. The Director of Plant Operations will add an Exit sign to the end of the 80 foot corridor leading to the dining room. The Director of Plant Operations will monitor for compliance.	5/27/16	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062			

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K 062	Continued From page 2 This STANDARD is not met as evidenced by: K-62 Based on observations, the facility failed to maintain the sprinkler system. The findings: 1. Observations on 04/12/2016 at 08:54 AM, revealed an escutcheon plate loose in the closet of room 1124. NFPA 13, 3-2.7.2 (1999 Edition) 2. Observations on 04/12/2016 at 08:59 AM, revealed a sprinkler coated with a foreign material in room 1132. NFPA 25, 2-2.1.1 (1998 Edition) 3. Observations on 04/12/2016 at 09:28 AM, revealed a ladder being supported by a sprinkler pipe in the boiler room. NFPA 25, 2-2.2 (1999 Edition) 4. Observations on 04/12/2016 at 09:30 AM, revealed storage under the loading dock canopy without sprinkler coverage. NFPA 13, 5-13.8.2 (1999 Edition) These findings were verified by maintenance and acknowledged by the administrator during the exit conference on 04/12/2016	K 062	K062 It is the policy and procedure AdamsPlace that complies with the applicable building and fire safety regulations. The escutcheon plate in room 1124 was replaced. The sprinkler head in room 1132 was cleaned. The ladder in the boiler room was removed from the pipe. Plans will be submitted for approval to add necessary sprinkler heads under loading dock canopy. We expect the approval and installation to be completed by August 6, 2016.	5/28/16	
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	K 064			

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K 064	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the fire extinguishers. The findings included: Observations on 04/12/2016 at 09:45 AM, revealed the fire extinguisher in the #1 elevator service room with a guage reading "RECHARGE". This finding was verified by maintenance and acknowledged by the administrator during the exit conference on 04/12/2016	K 064	K064 It is the policy and procedure AdamsPlace that complies with the applicable building and fire safety regulations. The Director of Plant Operations replaced the defective fire extinguisher.	5/27/16	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the electrical system. The findings included: 1. Observations on 04/12/2016 at 08:44 AM, revealed a junction box cover missing in the mechanical room by room 1021. NFPA 70, 370-28(c) (1999 Edition) 2. Observations on 04/12/2016 at 09:24 AM, revealed an extension cord in use in the housekeeping office. NFPA 70, 305-3 (1999 Edition)	K 147	K147 It is the policy and procedure AdamsPlace that complies with the applicable building and fire safety regulations. The junction cover was placed on the low voltage electrical box in mechanical room. The extension cord was removed from the housekeeping office. The flex cord to the door fan was replaced with approved armor flex. The Director of Plant Operations will continue to monitor use of extension cords and placement of electrical cords.	5/27/16	

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K 147	Continued From page 4 3. Observations on 04/12/2016 at 09:33 AM, revealed flexible cord wiring coming out of the wall and back into the ceiling by the loading dock door. NFPA 70, 400-8 (1999 Edition) These findings were verified by maintenance and acknowledged by the administrator during the exit conference on 04/12/2016	K 147			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445392	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - FIRST FLOOR B. WING _____		(X3) DATE SURVEY COMPLETED 04/12/2016
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K 069 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the kitchen hood system.</p> <p>The findings included:</p> <p>Observation on 4/12/16 at 9:42 AM, revealed both kitchen stoves had a shelf installed above them which interfered with the hood suppression system. NFPA 96, 7-1.2 (1998 Edition)</p> <p>This finding was verified by the director of maintenance and acknowledged by the administrator during the exit conference on 4/12/16.</p>	K 069			5/27/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] *Administrator* *5-7-16*

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